

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

5900 South Western Avenue

☐(Check if address
is changed)

Suite 102

Sioux Falls

SD

57108

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐(Check if address
is changed)

keri@physicianhospitals.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

None

2. DATE

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 1 0

3. FEC IDENTIFICATION NUMBER

C C00394163

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

R. Blake Curd

Signature of Treasurer

Electronically Filed by R. Blake Curd

Date

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2009)